

Reply: New Insight Into the Cardiovascular Prognostic Importance of Endocan

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We thank Akboga and Akboga¹ for their comments on our article.² Our primary aim was to provide a preliminary data regarding serum endocan level in essential hypertension (EH) patients compared with healthy normotensive participants. The reason that serum endocan level did not correlate with the 3 aortic elasticity parameters could be attributed to the relatively low number of participants in stage 1 (n = 35) and 2 (n = 32) EH groups. When taking a close look at the 3 aortic elasticity parameters, there is no significant difference with regard to the aortic strain and aortic stiffness index; only aortic distensibility differed between the 2 EH groups ($P = .003$).




As mentioned in the study limitations, we solely relied upon repeated office blood pressure (BP) measurements instead of ambulatory BP monitoring. This may have also affected the true distribution of stage 1 and 2 EH groups and hence the correlation between the aortic elasticity parameters and serum endocan level.

We did not seek to correlate such other inflammatory biomarkers as C-reactive protein, high-sensitivity C-reactive protein, platelet to lymphocyte ratio, neutrophil to lymphocyte ratio, and monocyte to high-density lipoprotein cholesterol. This is a study limitation, although this was not mentioned in the discussion section.

Overall, it is well known from previous studies that hypertension impairs arterial elasticity,³⁻⁵ and presence of a significant correlation between serum endocan level and 2 of 3 aortic elasticity, namely aortic strain and aortic distensibility, may

prove a crude surrogate marker of impaired aortic elasticity in the setting of EH.

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